

**Commonwealth of Virginia - State Corporation Commission, Bureau of Insurance Life and Health Division**  
**MEDSUP SURVEY 2007**

Name of person completing survey: \_\_\_\_\_ Company: \_\_\_\_\_  
 E-Mail Address of person completing survey: \_\_\_\_\_ NAIC #: \_\_\_\_\_  
 Office Telephone No.: \_\_\_\_\_ Company Phone No.: \_\_\_\_\_  
 Company Website: \_\_\_\_\_

**PLEASE INCLUDE this information in the Guide**  
**Company currently markets Medicare Supp,**  
**but DOES NOT wish to be included in the Guide**

**2007 Annual Premiums for Standard Plans**

Age	Policy Fee	Area	Sex	Prem Type	Guar Issue	Cross Over	Pre-Ex Wait (Mos)	Date Approved	A	B	C	D	E	F	F+	G	H	I	J	J+	K	L
Under 65 Disabled																						
65																						
70																						
75																						
80																						

F+ High Deductible Plan F

J+ High Deductible Plan J

**Comments:** \_\_\_\_\_